

Survey of Workers' Compensation Medicare Set-Aside (WCMSA) Process Participants

Focus Area: Usage of an Internet Web-based Portal Technology for WCMSA Submissions

1. Does your organization currently support a secure Internet web-based portal?
☐ Yes ☐ No
2. Does your organization routinely (e.g., on a monthly basis) exchange data with other health care payers via an Internet web-based portal?
☐ Yes ☐ No
3. If you answered "No" to question 2 above, please select the option below that most clearly corresponds to your usage of a secure Internet web-based portal.

☐ My organization has never exchanged data with other health payers using a secure Internet web-based portal.
☐ My organization exchanges data with other health payers via a secure Internet web-based portal on a rare basis. **Specify frequency per year: _____
☐ My organization is only just now beginning to exchange data with other health payers using a secure Internet web-based portal.
4. Would your organization be able to utilize a secure Internet web-based portal for WCMSA proposal submissions?
☐ Yes ☐ No
5. If yes, by when could your organization be ready to utilize this submission methodology?

6. Does your organization have the capability of uploading/transmitting documentation in a PDF format into a secure Internet web-based portal application?
☐ Yes ☐ No
7. Describe below any obstacles for your organization, that could make utilization of a secure Internet web-based portal for WCMSA proposal submissions to CMS difficult (i.e., budget, manpower hours/resources, and technology constraints).

Respondent's Information

Name: _____

Title/Position: _____

Company/Organization: _____

Mailing Address: _____

City/State/Zip: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Date Completed: _____

Please e-mail your completed response denoting "Survey" in the subject line **no later than Friday, July 31, 2009**, to the MSP Central mailbox at:
<mspcentral@cms.hhs.gov>.

Thank you so much for your participation!